

<div> <div> <div>MULTIPLE DEPENDENT CLAIM</div> <div>FEE CALCULATION SHEET</div> <div>(FOR USE WITH FORM PTO-875)</div> </div> <div> <div>SERIAL NO.</div> <div>FILING DATE</div> </div> </div> <div> <div>APPLICANT(S)</div> </div>													
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1		1			54						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		2				TOTAL IND.						
TOTAL DEP.	13		14				TOTAL DEP.						
TOTAL CLAIMS	20		16				TOTAL CLAIMS						